DACH AIR

Darnall Army Community Hospital's Asthma Information and Resources

Distinctive Features

- Integrated clinical practice guideline (CPG) forms
- Age and severity specific CHCS order sets
- State of the art patient education
- Validated quality of life instrument monitoring
- Modified superbills
- Located in the Population Health Center
- Collaborative practice management
- Certified asthma educators (2 AE-C's)

Forms

Metrics

- MEDCOM
  - Documented severity level
  - Use of extender codes
  - Long term controller for persistent severity
  - Pulmonary function testing in last 12 months
  - Action plan in last 12 months
- DACH
  - CPG form usage
  - Consult for patient education

Age: ____ Gender: Male / Female SPO2: _____
Vital signs: Temp: _____ HR: _____ RR: _____
BP:_____ HT: _____ WT: _____ kg _____ lb
Appt Time: _____ PEFR: _____ Best: _____
Allergies:
Triage Complaint:

Pain: 0 1 2 3 4 5 6 7 8 9 10 (circle one)
Tobacco Now: Y N Ever Use: Y N Wants Quit: Y N
Counsel Quit: Y N Materials: Y N Post-Deploy Issue: Y N
Medications:

Past Med/Surg Hx:

Family Hx:

Psych Status: • Appropriate • Down, depressed, hopeless
• Little interest/pleasure in doing things

Social Hx:
Triggers: (circle) pets/mold/dust (carpet, drapes, bedding) /reflux/ grass/pollen/odors/exercise/weather changes/URI's

Identifiable PCM:

History:	Last 3 months	Last Year
#Asthma Flares:	_____	_____
#Missed school/work:	_____	_____
#ER Visits:	_____	_____
#P.O. Steroids:	_____	_____
#Nocturnal cough/wk:	_____	_____
#Admits/ICU:	_____	_____

Provider ROS:

PHYSICAL EXAMINATION

GEN'L: • NL • ABNL:
HEENT: • NL • ABNL:
NECK: • NL • ABNL:
SKIN: • NL • ABNL:
CARDIO: • NL • ABNL:
CHEST: • NL • ABNL:
LUNGS: • NL • ABNL:
ABD: • NL • ABNL:
OTHER: • NL • ABNL:

Assessment:

1. Severity Level	• Mild Intermittent: (Exercise Induced)	• Mild Persistent:	• Moderate Persistent:	• Severe Persistent:
Symptom Frequency	<2/ wk	>2/wk	QD	Continuous
Nocturnal Symptoms	<2/ mo	2/mo	>1/wk	Frequent
Peak Flow % max	>80%	>80%	60-80%	<60%
Bronchodilator Use	<1/wk	PRN to 2p QID	<10 puffs/d	>10 puffs/d
2. Other:		↓	↓	↓

Plans for today's visit:

1. Controller therapy: • Flovent 110 1puff BID • Flovent 110 1puff BID **AND** • Serevent 1puff BID • Flovent 220 2puffs BID **AND** • Serevent 1puff BID

2. Albuterol: • MDI Dose: _____ • Neb Tx: S/D or _____mg w/Air ____ O2 ____

3. Action Plan: • Initiated • Reviewed • Updated (Q year & if meds changed)

4. Teaching: • Peak Flow • MDI / Spacer • DPI (dry powder inhaler) 5. Other:

Consults Ordered: • DACH A.I.R. (Required) • Pulmonary • Allergy • Home Nebulizer • Bone Density • Tobacco Cessation 288-8488 • PFT's (baseline & q yr) • EFMP • UGI

Follow-up: (Date/Time)

Age: ____ Gender: Male / Female SPO2:_____
Vital signs: Temp: _____ HR: _____ RR: _____
BP:_____ HT: _____ WT: _____ kg _____ lb
Appt Time: _____ PEFR: _____ Best: _____
Allergies:
Triage Complaint:

Pain: 0 1 2 3 4 5 6 7 8 9 10 (circle one)
Tobacco Now: Y N Ever Use: Y N Wants Quit: Y N
Counsel Quit: Y N Materials: Y N Post-Deploy Issue: Y N

Medications:

Past Med/Surg Hx:

Family Hx:

Psych Status: • Appropriate • Down, depressed, hopeless • Little interest/pleasure in doing things

Social Hx:

Triggers: (circle) pets/mold/dust (carpet, drapes, bedding) /reflux/ grass/pollen/odors/exercise/weather changes/URI's

Identifiable PCM:

History:	Last 3 months	Last Year
#Asthma Flares:	_____	_____
#Missed school/work:	_____	_____
#ER Visits:	_____	_____
#P.O. Steroids:	_____	_____
#Nocturnal cough/wk:	_____	_____
#Admits/ICU:	_____	_____

Provider ROS:

PHYSICAL EXAMINATION

GEN'L: • NL • ABNL:
HEENT: • NL • ABNL:
NECK: • NL • ABNL:
SKIN: • NL • ABNL:
CARDIO: • NL • ABNL:
CHEST: • NL • ABNL:
LUNGS: • NL • ABNL:
ABD: • NL • ABNL:
OTHER:

Assessment:

(Exercise Induced)

1. Severity Level	• **Mild Intermittent:**	• **Mild Persistent:**	• **Moderate Persistent:**	• **Severe Persistent:**
Symptom Frequency	<2/ wk	>2/wk	QD	Continuous
Nocturnal Symptoms	<2/ mo	2/mo	>1/wk	Frequent
Peak Flow % max	> 80%	>80%	60-80%	<60%
Bronchodilator Use	<1/wk	PRN to 2p QID	<10 puffs/d	>10 puffs/d
2. Other:		↓	↓	↓

Plans for today's visit:

1. Controller therapy: **(<6yrs old)** • Flovent 44 1puff BID • Flovent 110 1puff BID • Flovent 220 2puffs BID

(≥6yrs old) • Flovent 44 1puff BID • Flovent 44 1puff BID **AND** • Serevent 1puff BID • Flovent 220 2puffs BID **AND** • Serevent 1puff BID

2. Albuterol: • MDI Dose: _____ • Neb Tx: S/D or _____mg w/Air ____ O2 ____

3. Action Plan: • Initiated • Reviewed • Updated (Q year & if meds changed)

4. Teaching: • Peak Flow • MDI / Spacer • DPI (dry powder inhaler) 5. • Other:

Consults Ordered: • DACH A.I.R. (Required) • Pulmonary • Allergy • Home Nebulizer • UGI • Tobacco Cessation 288-8488 • EFMP • PFT's (baseline & q yr)

Follow-up: (Date/Time)

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For the use of this form, see AR 40-400; the proponent agency is The Office of the Surgeon General

REPORT TITLE	OTSG APPROVED (Date)
ASTHMA ACTION PLAN	11 DEC 98

GREEN – GO

(>80% of personal best)

No cough or wheeze
Can work and play
Breathing well

*Use controller medicine EVERY day to prevent asthma attacks

Controller Medicine	Dose	Frequency
_____	____ puff(s)	_____/day
_____	____ puff(s)	_____/day
_____	____ ____	_____/day

Peak Flow:
> _____

☐ Take albuterol 15 to 20 minutes before exercise

YELLOW- CAUTION

(50% to 80% of best)

FIRST: Keep taking GREEN ZONE medicine(s) and
TAKE Albuterol as listed below and
ADD Albuterol as needed every 4-6 hours for asthma symptoms

☐ 2 puffs every 20 mins for up to one hour
Recheck peak flow after one hour

OR

☐ Nebulizer 2.5mg once and
Recheck peak flow after 20mins

THEN:

If symptoms/peak flow = GREEN ⟺ *If symptoms/peak flow = YELLOW*

☐ Double _____ for ___ days
(Inhaled steroid)

☐ Add _____ __puff(s) for ___days

☐ Increase albuterol to ____puffs ___/day
☐ Double _____ for ___ days
(Inhaled steroid)
☐ Add _____ __puff(s) for ___days
☐ Add prednisone ___mg once/day x5days
☐ Call health care provider

Peak Flow:
_____ to _____

RED- STOP – DANGER

(<50% of personal best)

Breathing hard and fast
Medicine not helping
Can't walk or talk well
Ribs show

Take albuterol immediately:
☐ MDI- 2 puffs every 20 mins for 1 hour
☐ Nebulizer- 2.5mg once

☐ Provider Recommendation:

☐ Go to emergency room

Peak Flow:
< _____

MEDICATION NAMES

budesonide= Pulmicort™
flunisolide= Aerobid™
fluticasone= Flovent™, Flonase™
salmeterol= Serevent™
formoterol= Foradil™
prednisone= Deltasone™
prednisolone= Prelone™
albuterol= Proventil™, Ventolin™
mometasone=Nasonex™
montelukast= Singulair™
Advair™= Flovent™ + Serevent™
Qvticasone + salmeterol
beclomethasone=Beconase™ or Vanceneze™

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE

PATIENT'S IDENTIFICATION (For a typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility)

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify) Action Plan
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 1 MAY 78 4700

FH MDA OP 184 (REV)

Order Sets

Order Set Pick List

- Asthma - 0-5 YOA Mild
- Asthma - 0-5 YOA Moderate
- Asthma - 0-5 YOA Severe
- Asthma - 6+ YOA Mild
- Asthma - 6+ YOA Moderate Asthma - 6+ YOA Severe
- Asthma - Adult Mild
- Asthma - Adult Moderate
- Asthma - Adult Severe
- Asthma - Exacerbation

Asthma - Adult Severe

1 RX q-SPACERS ADULT--INH AERO ~USE AS DIRECTED #1 RF1 #1 DS30

2 RX q-ALBUTEROL MDI--INH 90MCG/DOSE INHA ~INHALE 2-4 PUFFS WITH SPACER Q4-6H PRN #2 RF5 #2 DS30 *CHILD RES.CONT.

3 RX q-ALBUTEROL NEB (PROVENTIL)--INH 0.083% AM ~INHALE 3CC (1 AMPULE) VIA NEBULIZER Q4-6H PRN UD #1 RF5 #75 DS30 *CHILD RES.CONT.

4 RX q-FLUTICASONE (FLOVENT)--INH 220MCG AERS ~INHALE 2 PUFFS PO WITH SPACER BID #2 RF5 #2 DS1 *CHILD RES.CONT.

5 RX q-SALMETEROL (SEREVENT DISKUS)--INH 50MCG ~USE 1 INHALATION BY MOUTH BID **DO NOT INCREASE DOSE** #2 RF5 #2 DS1 *CHILD RES.CONT.

6 RX q-PREDNISONE (DELTASONE)--PO 50MG TAB ~TAKE FOR 5 DAYS AS DIRECTED BY PROVIDER ON ASTHMA ACTION PLAN #30 RF1 #30 DS30 *CHILD RES.CONT.

7 CON q-PULMONARY FUNCT TEST CONSULT *ROUTINE PRIORITY at PULMONARY FUNCTION {asthma, severe persistent}

8 CON q-ASTHMA *ROUTINE PRIORITY at PULMONARY DISEASE {asthma, severe persistent}

Asthma - 6+ YOA Moderate (1 of 2)

1 RAD q-CHEST,(2 VIEW) PA/LAT *DIAGNOSTIC RADIOLOGY *AMBULATORY *ROUTINE PRIORITY One Time

2 RX q-SPACERS ADULT--INH AERO ~U UD #1 RF1 #1 DS30

3 RX q-ALBUTEROL (PROVENTIL EQ)--INH 90MCG AERO ~INHALE 2-4 PUFFS AT ONSET OF COUGH, CHEST TIGHTNESS OR DIFFICULTY BREATHING, THEN 2-4 PUFFS EVERY 4-6 HOURS AS NEEDED THEREAFTER. IF YOU NEED MORE FREQUENT PUFFS THAN EVERY 4 HOURS SEEK MEDICAL ATTENTION #2

4 RX q-ALBUTEROL NEB (PROVENTIL)--INH 0.083% AM ~INHALE 3CC (1 AMPULE) VIA NEBULIZER EVERY 4-6 HOURS AS NEEDED UD #75 RF5 #75 DS30 *CHILD RES.CONT.

5 RX q-FLUTICASONE (FLOVENT)--INH 44MCG AERS ~INHALE 1 PUFF BY MOUTH WITH SPACER BID #2 RF5 #2 DS1 *CHILD RES.CONT.

6 RX q-SALMETEROL (SEREVENT DISKUS)—INH 50MCG ~USE ONE INHALATION BY MOUTH BID **DO NOT INCREASE DOSE** #2 RF5 #2 DS30 *CHILD RES. CONT.

Asthma - 6+ YOA Moderate (2 of 2)

7 RX q-PREDNISOLONE (PRELONE)--PO 15MG/5ML SYRUP ~TAKE FOR 5 DAYS AS DIRECTED BY PROVIDER ON ASTHMA ACTION PLAN #240 RF1 #240 DS30 *CHILD RES.CONT.

8 RX q-PREDNISONE (DELTASONE)--PO 5MG TAB ~TAKE FOR 5 DAYS AS DIRECTED BY PROVIDER ON ASTHMA ACTION PLAN #50 RF1 #50 DS30 *CHILD RES.CONT.

9 CON q-PULMONARY FUNCT TEST CONSULT *ROUTINE PRIORITY at PULMONARY FUNCTION {asthma, moderate persistent}

10 CON q-ASTHMA *ROUTINE PRIORITY at PULMONARY DISEASE {asthma, moderate persistent}

Asthma - 0-5 YOA Mild (1 of 2)

1 RAD q-CHEST,(2 VIEW) PA/LAT *DIAGNOSTIC RADIOLOGY *AMBULATORY *ROUTINE PRIORITY One Time

2 RX q-SPACERS 0-2 YRS--INH AERO ~U UD #1 RF1 #1 DS30

3 RX q-SPACERS 3-5 YRS--INH AERO ~U UD #1 RF1 #1 DS30

4 RX q-SPACERS ADULT--INH AERO ~U UD #1 RF1 #1 DS30

5 RX q-ALBUTEROL (PROVENTIL EQ)--INH 90MCG AERO ~INHALE 2-4 PUFFS AT ONSET OF COUGH, CHEST TIGHTNESS OR DIFFICULTY BREATHING, THEN 2-4 PUFFS EVERY 4-6 HOURS THEREAFTER. IF YOU NEED MORE FREQUENT PUFFS THAN EVERY 4 HOURS SEEK MEDICAL ATTENTION #2

6 RX q-ALBUTEROL NEB (PROVENTIL)--INH 0.083% AM ~INHALE 3CC (1 AMPULE) VIA NEBULIZER Q4-6H PRN UD #1 RF5 #75 DS30 *CHILD RES.CONT.

7 RX q-FLUTICASONE (FLOVENT)--INH 44MCG AERS ~INHALE 1 PUFF WITH SPACER (BY MOUTH) BID #2 RF5 #2 DS1 *CHILD RES.CONT.

Asthma - 0-5 YOA Mild (2 of 2)_

8 RX q-PREDNISOLONE (PRELONE)--PO 15MG/5ML SYRP ~TAKE FOR 5 DAYS AS DIRECTED BY PROVIDER ON ASTHMA ACTION PLAN #240 RF1 #240 DS30 *

9 RX q-PREDNISONE (DELTASONE)--PO 5MG TAB ~TAKE FOR 5 DAYS AS DIRECTED BY PROVIDER ON ASTHMA ACTION PLAN #50 RF1 #50 DS30 *CHILD RES.CONT.

10 CON q-PULMONARY FUNCT TEST CONSULT *ROUTINE PRIORITY at PULMONARY FUNCTION {asthma, mild persistent}

11 CON q-ASTHMA *ROUTINE PRIORITY at PULMONARY DISEASE {asthma, mild persistent}

Asthma – Exacerbation (1 of 2)

1 RAD q-CHEST,(2 VIEW) PA/LAT *DIAGNOSTIC RADIOLOGY *AMBULATORY *ROUTINE PRIORITY One Time

2 RX q-SPACERS 0-2 YRS--INH AERO ~U UD #1 RF1 #1 DS30

3 RX q-SPACERS 3-5 YRS--INH AERO ~U UD #1 RF1 #1 DS30

4 RX q-SPACERS 6+YRS AND ADULT--INH AERO ~U UD #1 RF1 #1 DS30

5 RX q-ALBUTEROL (PROVENTIL EQ)--INH 90MCG AERO ~INHALE 2-4 PUFFS AT ONSET OF COUGH, CHEST TIGHTNESS OR DIFFICULTY BREATHING, THEN 2-4 PUFFS EVERY 4-6 HOURS THEREAFTER. IF YOU NEED MORE FREQUENT PUFFS THAN

EVERY 4 HOURS SEEK MEDICAL ATTENTION #2

6 RX q-ALBUTEROL NEB (PROVENTIL)--INH 0.083% AM ~INHALE 3CC (1 AMPULE) VIA NEBULIZER EVERY 4-6 HOURS AS NEEDED #75 RF5 #75 DS30 *CHILD RES.CONT.

Asthma – Exacerbation (2 of 2)

7 RX q-PREDNISOLONE (PRELONE)--PO 15MG/5ML SYRP ~TAKE AS DIRECTED BY PROVIDER #240 RF1 #240 DS30 *CHILD RES.CONT.

8 RX q-PREDNISONE (DELTASONE)--PO 5MG TAB ~TAKE AS DIRECTED BY PROVIDER #50 RF1 #50 DS30 *CHILD RES.CONT.

9 RX q-PREDNISONE (DELTASONE)--PO 20MG TAB ~TAKE AS DIRECTED BY PROVIDER #30 RF1 #30 DS30 *CHILD RES.CONT.

10 RX q-PREDNISONE (DELTASONE)--PO 50MG TAB ~TAKE AS DIRECTED BY PROVIDER #30 RF1 #30 DS30 *CHILD RES.CONT.

11 CON q-PULMONARY FUNCT TEST CONSULT *ROUTINE PRIORITY at PULMONARY FUNCTION {asthma, mild intermittent}

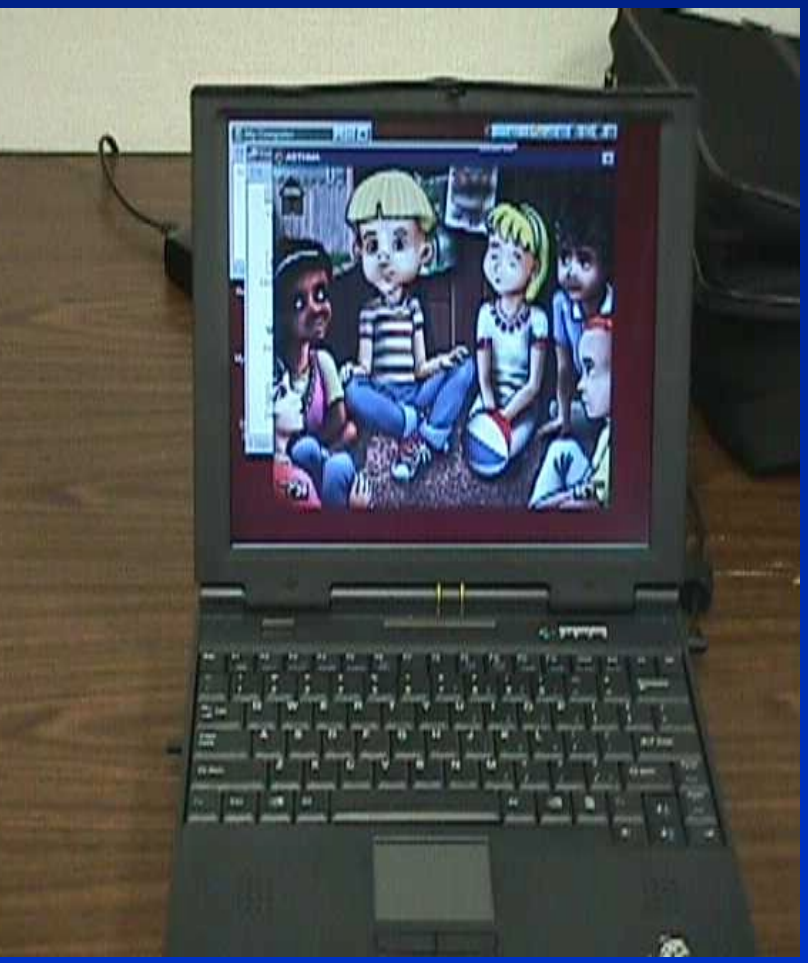
12 CON ASTHMA *ROUTINE PRIORITY at PULMONARY DISEASE

Patient Education

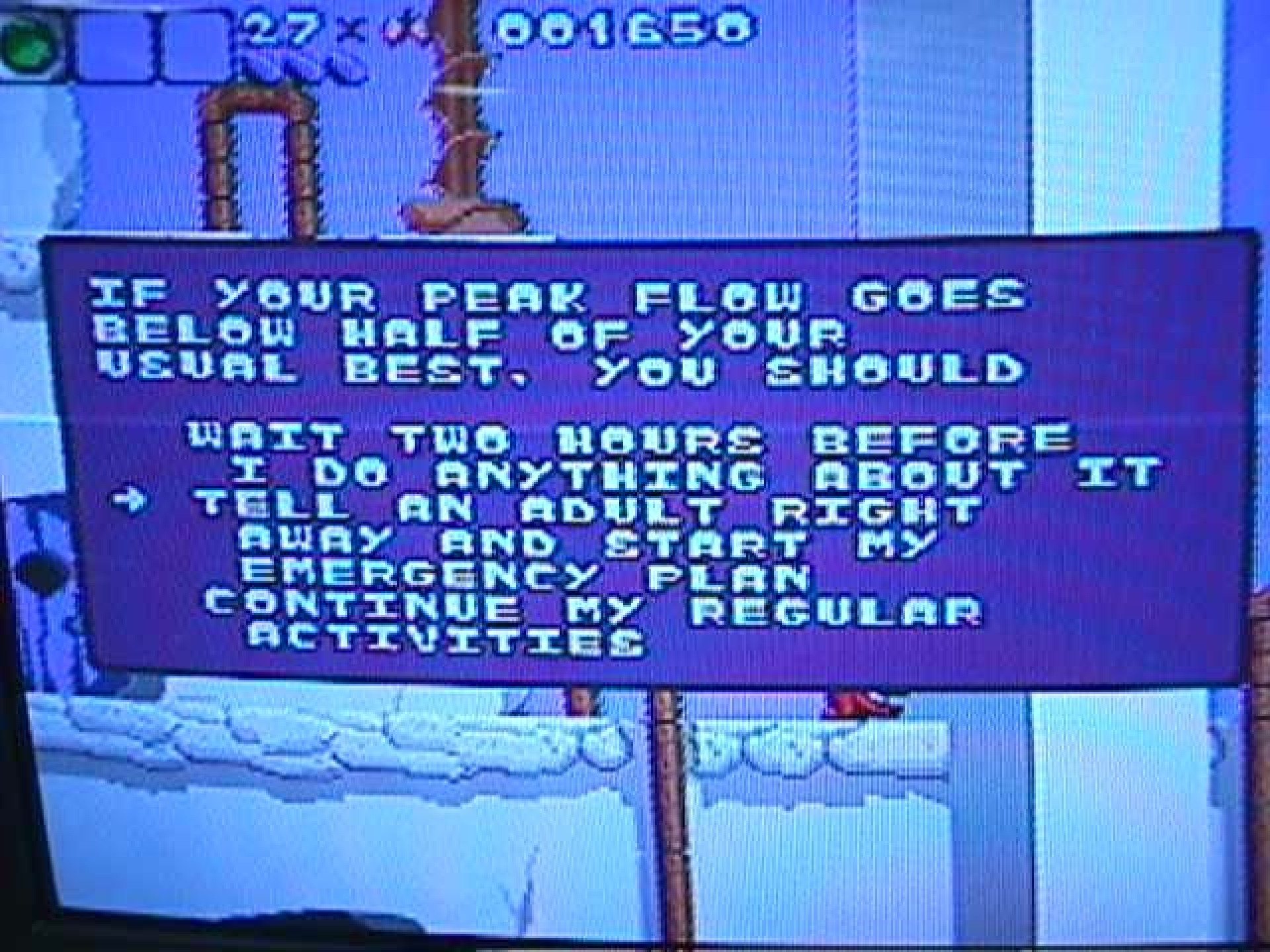
“Wee Wheezers”

- Parents of infants and toddlers with asthma
- Targets recognition of symptoms
- Focus on early intervention and management
- Take home video for families
- Recognized by the CDC

Pediatric Classes



- 2-class series
- Experienced elementary instructor
- Interdisciplinary model
- Multi-media based
- Age-specific and flexible curriculum
- Small group format


27 x
001650
IF YOUR PEAK FLOW GOES BELOW HALF OF YOUR USUAL BEST, YOU SHOULD
WAIT TWO HOURS BEFORE I DO ANYTHING ABOUT IT
TELL AN ADULT RIGHT AWAY AND START MY EMERGENCY PLAN
CONTINUE MY REGULAR ACTIVITIES

27 x
001650
THAT'S RIGHT!

Come Fly DACH AIR
DACH AIR
Keep Your Airways Clear
An Educational Program for Asthmatics

Quality of Life

- Baseline measure at DACH AIR classes
- Follow-up six months after class
- Validated Juniper instruments
  - Pediatric
  - Adult
- Demonstrated 22% increase

Superbills

DARNALL ARMY COMMUNITY HOSPITAL
FAMILY CARE CLINIC

DISPOSITION	
WITH OUT LIMITATIONS	91
WITH LIMITATIONS	85
AT HOME/QUARTERS	09
LEFT W/O BEING SEEN	97
IMMEDIATE REFERRAL	90
ADMITTED	85
EXPIRED	98

ENLISTED E/M SERVICE		
UNLISTED E/M SERVICE	99499	

E/M OUTPATIENT OFFICE VISITS

OUT PT	NEW		EST	
LEVEL 1	99201		99211	
LEVEL 2	99202		99212	
LEVEL 3	99203		99213	
LEVEL 4	99204		99214	
LEVEL 5	99205		99215	

PREVENTIVE MEDICINE VISITS

BY AGE	NEW		EST	
0 - 1 YR	99381		99391	
1 - 4 YR	99382		99392	
5 - 11 YRS	99383		99393	
12 - 17 YRS	99384		99394	
18 - 39 YRS	99385		99395	
40 - 64 YRS	99386		99396	
65 YRS +	99387		99397	

REQUIRED FIELDS				
HX OF TOBACCO USE		Y or N	V15.82	
TOBACCO DEPENDENCE		Y or N	305.1	
OVERWEIGHT/OBESE	BMI 25-39	Y or N	278.00	
MORBID OBESITY	>40	Y or N	278.01	

T-CON	LEVEL 1	99371		LEVEL 2	99372		LEVEL 3	99373		NON-COUNT	

ICD-9-CM DIAGNOSIS CODING

CARDIOVASCULARY			EENT			GASTROENTEROLOGY CONT.			PREGNANCY/CHILDBIRTH		
ANGINA	413.9		APHTHOUS ULCER (ORAL)	528.2		VOMITING	787.03		ABORT, THREATENED	640.0	
ARRHYTHEMIA	427.9		CONJUNCTIVITIS	372.30		VOMITING W/ NAUSEA	787.01		SUPERVISE 1ST PREG	V22.0	
ATRIAL FIB	427.31		CONJUNCTIVITIS, ACUTE	372.00		PANCREATITIS, ACUTE	577.0		SUPERV OTH PREG	V22.1	
ASCVD	429.2		CORNEAL ABRASION	918.1		PUD W/O OBSTRUCT	533.90		PREG, STATE/INCIDT	V23.9	
CAD	414.00		EUSTACHIAN TUBE DYS	381.81		RECTAL BLEEDING	569.3		HIGH RISK PREGNANCY	V23.89	
CHF	428.0		IMPACTED CERUMEN	380.4		STOMATITIS	528.0		OLDER PRIMIGRAVIDA >35	V23.81	
CVT	453.0		LACERATIONS	998.30		GENITOURINARY			ELDERLY MULTIGRAVIDA >35	V23.82	
ELEVATED BP W/O HTN	796.2		LARYNGITIS, ACUTE	464.00		AMENORRHEA	626.0		YOUNG PRIMIGRAVIDA <16	V23.83	
HTN, UNSPEC	401.9		OM, UNSPECIFIED	382.9		BPH	600.0		YOUNG MULTIGRAVIDA <16	V23.84	
HTN, BENIGN	401.1		OM, ACUTE SUPPURAT	382.00		BLADDER SPASM	596.8		SCREEN MALFORMATION	V28.3	
HYPOTENSION, ORTHO.	458.0		OM, ACUTE, SEROUS	381.01		BREAST MASS	611.72		SCREEN FETAL GR	V28.4	
MITRAL VAL PROLAP	424.0		OM, CHRONIC, SEROUS	381.10		CERVITIS	616.0		SCREEN ANTENATAL	V28.9	
PALPITATIONS	785.1		OTITIS EXTERNA	380.10		CYSTITIS, ACUTE	595.0		PRE-ECLAMPSIA	642.43	
HEART MURMUR	785.2		PHARYNGITIS	462		CYSTOCELE W/O PROLAPSE	618.0		POSTPARTUM H/O	V24.2	
PAROX ATRIAL TACHY	427.0		PHARYNGITIS (STREP)	034.0		DYSFUNCT UTER BLEEDING	626.8		FAMILY PLANNING ADVICE	V25.09	
PVD	443.9		RHINITIS	472.0		DYSMENORRHEA	625.3		MUSCULOSKELETAL		
PHLEBITIS (SITE)	451		RHINITIS, ALLERGIC	477.9		DYSPAREUNIA	624.0		ARTHRITIS, GOUTY	274.9	
DERMATOLOGY & ALLERGY			SINUSITIS, ACUTE	461.9		FIBROCYSTIC BREAST DS	610.1		ARTHRITIS, OSTEO	715.9	
ACNE VULGARIS	706.1		SINUSITIS, FRONT ACUTE	461.1		HEMATURIA	599.7		ARTHRITIS, RHEUM	714.0	
ABSCESS (SITE)	682		SINUSITIS, MAX ACUTE	461.0		MENORRHAGIA	626.2		BURSITIS (SITE)	726	
CARBUNCLE (SITE)	680		SINUSITIS, CHRONIC	473.9		METRORRHAGIA	626.6		CARPAL TUNNEL SYN	354.0	
CELLULITIS (SITE)	682		SINUSITIS, FRONT CHR	473.1		PAP SMEAR ONLY	V76.2		COSTOCHONDRITIS	733.6	
CRADLE CAP	690.11		SINUSITIS, MAX CHR	473.0		POST MENO SYNDR	627.2		DECUBITUS ULCER	707.0	
DERMATITIS (TYPE)	692		TMJ SYNDROME	524.60		RENAL FAILURE, CHR	585		EPICONDYL LATERAL	726.32	
DECUBITUS ULCER	707.0		TONSILITIS	463		RENAL INSUFF	588.9		EPICONDYL MEDIAL	726.31	
DIAPER RASH	691.0		URIOR VIRAL URI	465.9		UNCONFIRMED PREGNANCY	V72.4		FIBROMYOMYOSINVAL	729.1	
ECZEMA (TYPE)	692		GASTROENTEROLOGY			URETHRITIS	597.80		GANGLION CYST	727.43	
FURUNCLE (SITE)	680		ABD PAIN / COLIC, SITE	789.0		URINARY INCONT	788.30		I&P	724.2	
IMPETIGO	684		ANAL FISSURE	565.0		UTI	599.0		MUSCLE SPASM	728.85	
INGROWN TOENAIL	703.0		APPENDICITIS	541		VAG DISCHARGE	623.5		MUSCLE SPAS BACK	724.3	
KERATOSES ACTINIC	702.0		CHOLECYSTITIS, ACUTE	575.0		VAGINITIS, ATROPH	627.3		MUSCLE STRAIN NECK	847.0	
PARONYCHIA, FINGER	681.02		CHOLECYSTITIS/LITH	574.10		VAGINITIS, CANDIDA	112.1		MUSCLE STRAIN LUMB	847.2	
PARONYCHIA, TOE	681.11		CONSTIPATION	564.00		VAGINITIS, UNSPEC	616.10		MUSCULO STRAIN THOR	847.1	
POISON IVY	692.9		DIARRHEA	787.91		WELL WOMEN EXAM	V72.3		OSTOPOROSIS	733.00	
SEBACEOUS CYST	706.2		DIVERTICULITIS	562.11		HEMATOLOGY/ONCOLOGY			PLANTAR FASCITIS	728.71	
SEBORRHEA	706.3		DIVERTICULOSIS	562.10		ANEMIA	285.9		RADICUL, CERVICAL	723.4	
SKIN TAGS	701.9		ENTERITIS	564.7		ANEMIA, CHR, SIMPL	281.9		RADICUL, LUMBAR	724.4	
URTICARIA	708.9		ESOPHAGEAL SPASM	530.5		ANEMIA, IRON DEF.	280.9		RADICUL, THORACIC	724.4	
VIRAL WARTS	078.10		GERD	530.81		ANEMIA, PERNICIOUS	281.0		SOMATIC DYS, CERV	739.1	
PLANTAR WARTS	078.19		GASENTIS, W/O HEM	535.50		B12 DEFICIENCY	266.2		SOMATIC DYS, LUMB	739.3	
ENDOCRINOLOGY			GASTROENTERITIS, NOS	558.9		INFECTION			SOMATIC DYS, PELVIC	739.5	
NIDDM CONTROLED	250.00		GASTROENTERITIS, INFEC	009.0		CHICKENPOX	052.9		SOMATIC DYS, THOR	739.2	
IDDM CONTROLED	250.01		GI BLEED	578.9		HERPES SIMPLEX	054.9		TENDONITIS (SITE)	726	
NIDDM UNCONTROL	250.02		HEMORRHOIDS, INT	455.0		INFLUENZA	487.1		PSYCHIATRY		
IDDM UNCONTROL	250.03		HEMORRHOIDS, EXT	455.6		LICE, BODY	132.1		UNSPECIFIED	487.90	
HYPERCHOLESTEROL	272.0		HEPATITIS	573.3		LICE HEAD	132.0		EAT W/ SEVERE	498.01-4	
HYPERGLYCEMIA	790.6		HERNIA, HIATAL	553.3		MONONUCLEOSIS	075		EAT W/O MOD	498.00-1	
HYPERTHYROIDISM	242.90		HERNIA, INGUINAL	550.9		SCABIES	133.0		EAT W/O MOD PERSIST	498.00-2	
HYPERTRIGLYCERID	272.1		HERNIA, UMBILICAL	553.1		SHINGLES	053.9		EAT W/O MODERATE	498.00-3	
HYPOGLYCEMIA	251.2		IBS	564.1		THRUSH, NEWBORN	771.7		EAT W/O SEVERE	498.00-4	
HYPOKALEMIA	276.8		JAUNDICE, NEW BORN	774.6		VIRAL EXANTHEM	057.9		EAT W/ACUTE EXAC	493.02	
HYPOTHYROIDISM	244.9		MELENA	578.1		VIRAL SYNDROME	079.99				

PATIENT DEMOGRAPHICS STAMP

INSURANCE: YES NO

WRITE IN DIAGNOSIS TREATED OR PROCEDURE PERFORMED

DX: PROCD:

DX: PROCD:

DX: PROCD:

DX: PROCD:

PROVIDER: NURSE:

DATE: ADD. STAFF: (A) (S)

Asthma Extender Codes

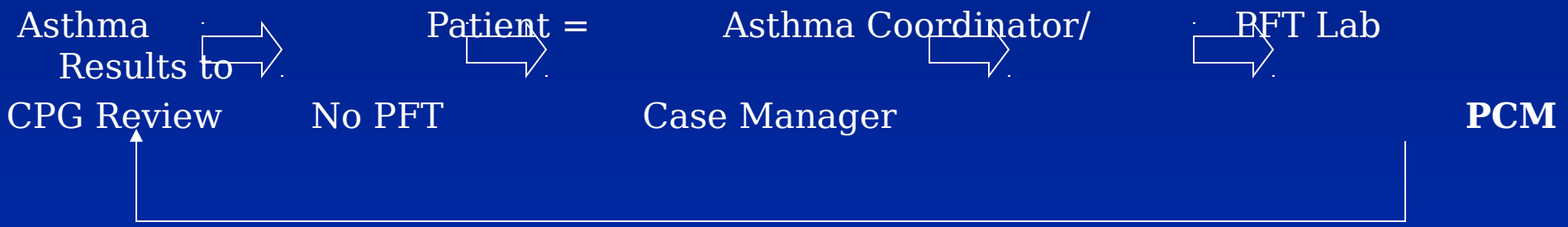
ASTHMA		
UNSPECIFIED	493.90	_____
EXT W/ SEVERE	493.01-4	_____
EXT W/O MILD	493.00-1	_____
EXT W/O MILD/PERSIST	493.00-2	_____
EXT W/O MODERATE	493.00-3	_____
EXT W/O SEVERE	493.00-4	_____
EXT W/ACUTE EXAC	493.02	_____

Tobacco Use and Overweight/obese

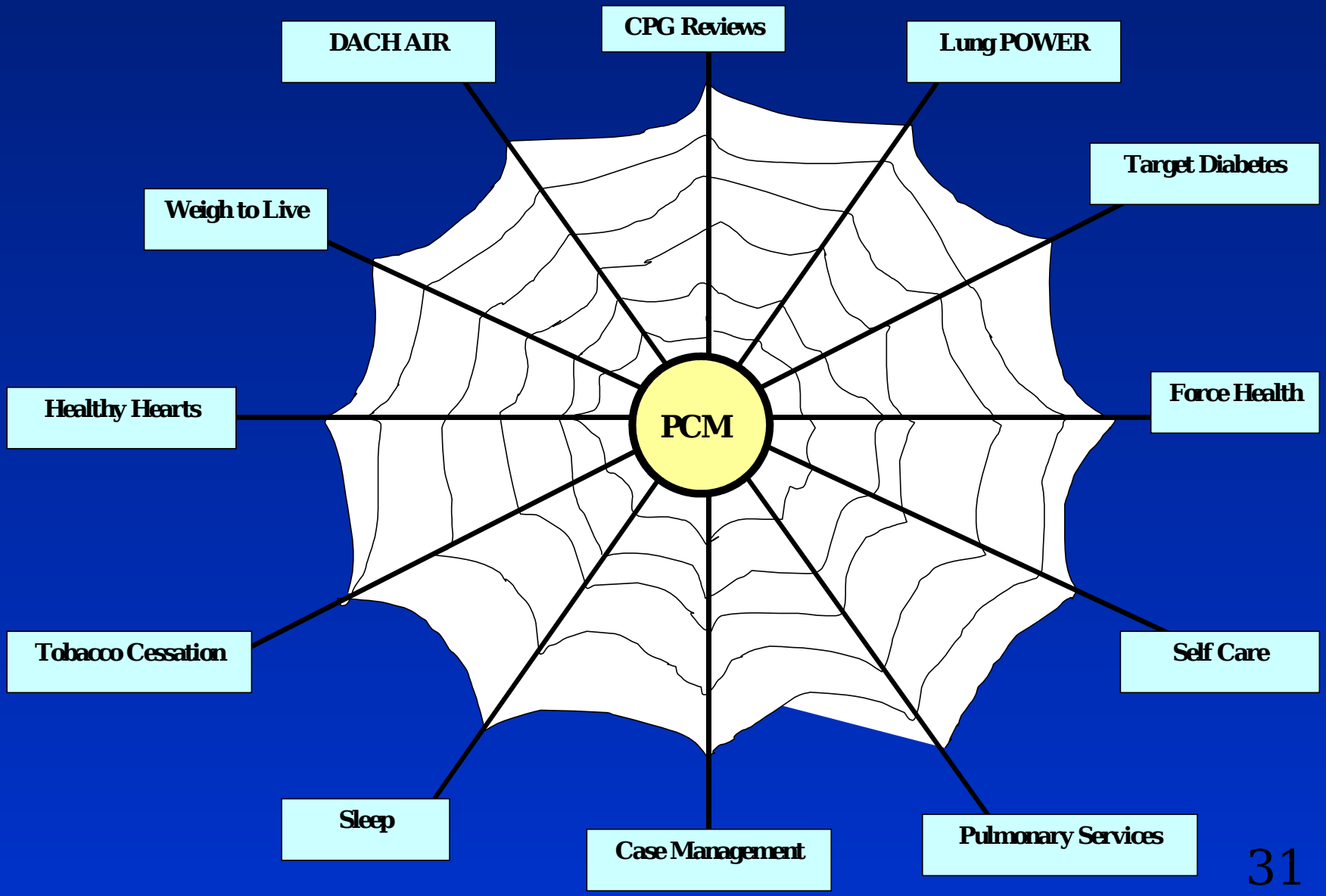
REQUIRED FIELDS			
HX OF TOBACCO USE		Y or N	V15.82
TOBACCO DEPENDENCE		Y or N	305.1
OVERWEIGHT / OBESE	BMI 25-39	Y or N	278.00
MORBID OBESITY	> 40	Y or N	278.01

Population Health

Center Synergy



Center Synergy



Force Health Protection

Predeployment Medication Analysis & Reporting Tool (PMART)

- 49 Units from 1CAV
- 17,861 Service members/112,441 prescriptions
- High risk patient usage reports forwarded to PCM
  - 760 patients receiving albuterol MDI
  - 566 patients receiving other potentially high risk therapy
- Pre-SRP asthma evaluation at Monroe TMC
  - Pulmonologist/PCM/Pharmacist team
  - 33 encounters/15 requiring further evaluation

Collaborative Practice Disease State Service

Comprehensive Asthma Disease Management Programs

- Targeting specific patient populations
- Evidence-based practice guidelines
- Collaborative practice models that include physician and support-service providers
- Patient self-management education
- Process and outcome measures
- Routine reporting and feedback loop

Disease State Service

- Initial Visit
  - Physician/pharmacist team
  - Assessment for enrollment
  - Collaborative plan
  - Establish goals
  - Dis-enrollment criteria
  - Patient buy-in
- Follow-up to goal

Contact Information

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www.cdc.gov/nceh/airpollution/asthma/interventions/wee_wheezers.htm